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MEDICAL FACULTY
McGILL
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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Dominion Day

O Canada! where pines and maples grow,
Great prairies spread and lordly rivers flow,
Thou art the land, O Canada,
From East to Western sea—
The land of hope for all who toil,
The land of liberty.

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Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

(Continued from Last Month)

LECTURE III.

NURSING IN THE PRIMITIVE CHRISTIAN CHURCH. RISE OF MONASTIC INSTITUTIONS, AND NURSING WITHIN THESE.

AUTHORITIES CONSULTED: Woman's Work in the Church, J. M. Ludlow; Christian Charity in the Ancient Church, by Dr. Gerhard Uhlhorn; Medical Men in the Time of Christ, by R. N. Willson; Handbook to Christian and Ecclesiastical Rome, by Tuker and Malleson; Lives of the Saints, Butler; Women and Monasticism, by Mrs. Jameson; Sisters of Charity, *Ibid;* Les Edifices Hospitalières, by Tollet.

See also Nutting and Dock, pages 95 to 170; also Dictionary of Christian Antiquities, etc.

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NURSING IN THE PRIMITIVE CHRISTIAN CHURCH (FIRST TO FIFTH CENTURIES, A.D.)

"I was sick and ye visited me. . . . Inasmuch as ye did it unto the least of these, ye did it unto Me." Matt. XXVI., 36-40

REMARKS: Although the care of the sick in some form is as old as the sojourn of man upon earth, the history of nursing as such must be said to begin with the Christian era and the life and teachings of Jesus Christ. Under the old civilizations, as we have seen, the treatment of disease was part of the priestly office and temple ritual, and nursing must often have risen to a fairly high level, while the laws of hospitality and good citizenship led to considerable alleviation of poverty and its attendant ills; but, in the old pagan view, sickness and distress of every kind, as well as birth and death, were believed to be repugnant to deity, conditions to be assuaged if possible as a duty to oneself or one's dependents, or else to be concealed. In the new religion of Love, which was Christianity, on the other hand, sickness, sorrow and suffering took a new and extremely important place as having in themselves a sacramental meaning, while their relief was recognized as a primary obligation and a means of expression of personal faith. In the pristine purity of the early Church, acts of charity to the sick poor were the dearest duty of every believer, and an adequate provision for their care formed an integral part of its official organization. The practical part of all such relief work was placed mainly in the hands of the women members of the clergy, of whom three orders were recognized, namely, Deaconesses, Widows and Virgins, who were charged respectively with the care of the sick, the relief of the

poor, and the guardianship of the Church ceremonial appointments and vestures. The first deaconess was Phebe of Çenchrea (60 A.D.), who was sent to Rome by St. Paul to carry on the work of the Church there. The work and organization of the Deaconess' Order spread rapidly, especially in the Eastern Church, and a form of district nursing was established, which has been carried on down the ages to the present day. Institutions, also, for the care of the sick, the so-called Diakonia sprang up everywhere under their management, and were the historical prototypes of the modern hospital as contrasted with the old Xenodochia, where all forms of distress were alleviated. One of the most important of these diakonia was founded at Edessa in the year 349 A.D. by Ephrem, a deacon, during a malignant epidemic; it had 300 beds, and is known in history as the first real hospital, and remained in existence within modern times. In the fourth and fifth centuries A.D., in which the Church in its primitive form may be said to have attained its zenith, there were a number of famous deaconesses whose names have been preserved to history through the writings of the early Fathers of the Church. Among these were the famous *Olympia,* and *Macrina,* both of Constantinople. The Deaconess of the early Church is a very interesting figure, for in spirit and conception her order may literally be considered the forerunner of the vocation of modern nursing. Florence Nightingale was fond of saying that Christ was the Author of Nursing and she herself was a disciple of a successful Deaconess School that was a revival of the old Order (see Lecture VII.).

There were many other women workers for the sick in the early Church outside of the Deaconess Order. Mention should especially be made of a group of rich patrician Roman matrons, who devoted themselves and their fortunes to this cause and did great things for the development of hospitals and the elevation of nursing in their time. The most famous of these were *Fabiola, Marcella* and *Paula.* They lived in the fourth and fifth centuries A.D., and their stories are among the brightest romances of the history of nursing.

Slide 34—Chart, showing curves of History of Medicine and Nursing from 300 B.C. to the present time, by Miss Isabel Stewart, Teachers' College, Columbia University, New York. (Copied by permission.)

Slide 35—Sepia drawing of Christ healing the blind man on the steps of the Temple. From the sketch by Rembrandt. (To introduce medicine and nursing in the Christian era, and to emphasize the fact that the art of nursing now received a tremendous impetus, in that the care of the sick, especially of the sick poor, through the teachings of Christ, was recognized for the first time as a religious obligation.)

Slide 36—Charity in the Early Church. From an old print, showing the seven works of Charity: (1) the tending of the sick, (2) the clothing of the poor, (3) travellers being given to drink, (4) hungry being fed, (5) pilgrims being sheltered, (6) dead prepared for burial, (7) visiting the prisoners. Also a sanctuary for the Divine sacrifice, and the rich in the foreground pouring out their gold for the dispensing of it to the poor. Illustrates the conception of the Old Xenodochia, which were institutions for the care of the sick poor, and also for the help of sufferers of every kind. These

institutions preceded the hospital, which was an outgrowth of the Early Church.

Slide 37—The ecclesiastical virgins in the Church of St. Apollonaria in Ravenna. In the Early Church the work of nursing, the care of the poor, and the charge of the Church appointments and vestures were carried on respectively by the three orders of (a) deaconesses, (b) widows, (c) virgins. The offices of the widows and the virgins were merged into the later nuns. The deaconesses were especially entrusted with the nursing of the sick poor.

Slide 38—St. Cosmos and St. Damien, patron saints of medicine and pharmacy, who lived in the 4th century A.D.

Slide 39—Fabiola, one of a group of noble patrician Roman ladies who embraced Christianity and devoted themselves and their goods to the care of the sick poor. Fabiola founded the first Roman hospital in 390 A.D. She is in the garb of a penitent, and is very beautiful.

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The Rise of Monasticism, and Nursing in Monastic Institutions. The Hotel Dieu de Paris.

Five hundred years after the death of Christ the Gospel He taught had spread throughout Europe, and Christianity had grown from its small beginnings into the commanding spiritual power of the Western world. Not only was Christianity now the acknowledged faith of all the European courts, but the common people were permeated by its influence, and high and low, rich and poor, united in the organization of hospitals and other charitable institutions and in the dedication of themselves and all that they had to the service of Christ and His afflicted poor. A rule or constitution for the living together for such purposes, under vows of chastity and obedience, of large bodies of men or women was formulated by St. Augustine, St. Benedict, and others, and thus arose in the fifth and sixth centuries A.D. the great monasteries and convents that were to dominate and colour the spiritual and temporay life of the middle ages. As the property of the Church, all such monastic institutions were under the special protection of the State, and were also held sacred by the individual. In those wild and lawless days, when the peoples of Europe had so recently emerged from barbarism, these facts ensured a security for works of charity and benevolence that was essential to their very existence. This was probably the cause of the rapid growth of these monasteries and of the fact that practically all the great work of the time, intellectual, scientific, and artistic, as well as philanthropic and religious, was carried on within the walls of these great community systems. In very early times the monks and nuns were not "enclosed," but mixed freely with the populace, and their Superiors were often very powerful in the ceremonials and policy of the Courts. In these days (7th or 9th centuries) the Abbess was a commanding figure, and often ruled supreme over "mixed" convents in which both monks and nuns lived under the same rule. Abbesses of nursing fame were the great *Hildegarde*, who was a woman of extra-

ordinary genius and learned in all the sciences, especially medicine, *Radegunde* and *Heloise*.

The beautiful monastic hospitals of the early middle ages, with their clean, spacious rooms, and central courtyard in which green plants grew and cooling fountains played, and their skilled nursing and the gentle devotion of their saintly inmates to affliction of all kinds, form one of the most charming pictures in the history of nursing, and they rendered as great a service in their day as do our modern training schools in our more highly specialized and scientific age. Nutting and Dock point out that "the long and glorious record of the religious nursing orders of men and women follows a superb curve over the thousand years of the Middle Ages, when monastic institutions held supreme sway, down to the time of the 18th and early 19th centuries, when new conditions began to demand new forms of social adjustment, and the modern hospital system to arise to replace them. But the same spirit remains, and the truly successful nurse to-day, acting as a member of a secular body, would have done the same work as a leader or a saint in a churchly order a thousand years ago."

A good example of an early hospital founded by and under control of the Church, and which is still in existence to-day, is the Hotel Dieu de Paris. Its story illustrates well the degenerated state into which these great hospitals fell in pre-modern times (16th to 18th centuries), when new conditions were arising which the old monkish rule had become quite inadequate to meet.

Slide 40—Abbess in the 7th century A.D., showing the rich costume in vogue. At this period the Abbess was very powerful, and ruled over large monasteries of both monks and nuns.

Slide 41—The processional of hospital nuns on the first Sunday of the month, celebrating a mass in a ward of the Hotel Dieu de Paris. The Hotel Dieu de Paris was founded in 680 A.D., and is one of the oldest hospitals in existence.

Slide 42—Interior of a ward in the Hotel Dieu de Paris, showing the nuns at work at 5 a.m.

Slide 43—Another ward in the Hotel Dieu de Paris, showing the cot beds in three rows, and nuns at various offices; a dead patient is being carried out, on a stretcher covered by a cross, by two nuns.

Slide 44—Outline drawing of a ward in the Hotel Dieu de Paris, showing several patients in a bed, as was the custom in this and other hospitals until the end of the 18th century.

Slide 45—The nuns doing the "great wash" of the Hotel Dieu de Paris in the River Seine, as was their custom every six weeks.

Slide 46—The Salle Saint-Marthe, Hotel Dieu de Paris.

(To Be Continued)

We may build splendid habitations, fill our rooms with paintings and with sculptures, but we cannot buy with gold the old associations.—Longfellow.

The Scope of a Federal Department of Health

By P. H. Bryce, M.A., M.D.
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It is difficult to deal adequately with such a subject as the "Scope of a Federal Department of Health" without an historical sketch illustrating the evolution of the public health idea through the process of scientific medicine; but in the time allotted on the programme I shall endeavor to indicate what present day conceptions and national demands seem to require of such a department.

As social government is possible only through a series of sanctions, by which the individual expects and has a right to get back advantages as a member of the community in lieu of certain natural rights which he, as an individual, has surrendered, so it is essential to know just what government in passing such health legislation actually undertakes to do. *Salus populi suprema est lex*, is an axiom equally good whether based on political principles or on the theory of evolution, since it implies the right of the individual to his self-realization, which Professor T. H. Green, in his ethics, says postulates the removal of all hindrances to a man's "doing things" or achieving his self-perfection.

It is through the advance into consciousness of these elementary principles that we find the best explanation of the world ferment of the present hour. As Professor Wundt says in his "Physiological Psychology," "On the mental side association of immediate events is that condition by which consciousness invariably appears in experience," so there is at the present moment a claimant demand that in matters of health, as in those of economic and political opportunity, the individual be freed from all physical hindrances to the realization of the highest possibilities for himself, his family, his community and nation, and for mankind.

What then are some of these hindrances? Obviously the first we think of are ontological, or directly related to being. The British Royal Commission of 1904 reports that in a detailed examination of nearly 4,000,000 persons in various classes of the population, the incidence of feeblemindedness or "amentia" varies from 1.10 per cent. to 4.60 per cent., and that the prevalence of insanity by districts is closely related to that of "amentia." Obviously, then, if an average of 3.28 per cent. of a population is defective, or if in Canada we have 250,000 mental defectives, we must attempt to supply means not only to do the best we can for these defectives, but also to dry up the spring at its source; in other words, prevent or remove the causes producing such conditions. What does this involve? Education, temperance and land reforms, were Professor Green's prescription given in his "Principles of Political Obligations." I would say, however, that while all these are demanded in any adequate scheme of public health, *i.e.*, knowledge of laws, physical

and mental, with personal control and temperance in all matters, which, as Dr. Pierce Bailey says, means the educated control of those infantile impulses in the adult which makes him co-ordinate his actions with those of normal society, and of land reforms by which the adequate housing of the people will be assured, yet it would seem that a much finer and more detailed analysis of what our highest self-realization demands is required by the complexities of our organization as individuals.

Professor E. N. Shafer, in his presidential address before the British Association in 1912, in tracing the evolution of life, indicated that the functions of the individual cell of the body, the specialization of function of the cells of the different organs and the co-ordination of the cell-aggregate which represents the human body, are all necessary in order that they shall work together for the benefit of the whole organism. He then points out how this is brought about primarily by the influence of the nervous system and secondarily by the activating effects of special chemical substances secreted by the ductless glands, as the thyroid, suprarenals, etc., which, when poured into the blood stream, stimulate the organs to increased activity. Now it is obvious, as with the development of the animal kingdom upward from the protozoa to the metazoa and then to vertebrates and man, that we shall find special organic functions becoming more and more evolved, and that the mental operations of a simple peasantry, such as R. Louis Stevenson philosophized about in his "Travels with a Donkey," through the Cevennes of France forty years ago, are very far removed from the complexities of thought involved in the rushing life of to-day.

So it has become with the public health problems of to-day. No longer is our chief concern with the eruptive communicable diseases of childhood as smallpox, measles, etc., because the methods of their control are known and generally accepted; but rather we must seek to solve the problems which are directly the outcome of the growth of a complex, urbanized society, in which the individual meets and has constantly to deal with some new experience forced upon him through modern inventions.

In the centuries preceding the last fifty years, war, famine, and pestilence prevented in a large measure the increase of population and were accepted as agents of evil permitted through the mysterious dispensations of Providence; but to-day it is the man-made agencies as steam, gas, electricity, submarines, flying-machines, and the innumerable machines of industry, which have transformed civilized communities into hives of industry, have brought women from the home and field into factories, limited their maternal powers and instincts, and set their intellectual and emotional faculties to do duty, replacing largely animal functions at once simple and primitive.

Professor G. W. Crile, in his book, "A Mechanistic View of War and Peace," pictures the new situation created by the recent war. He says: "The first effect of war was the mobilization of the forces within

the body of each individual in warring countries. In other words, the kinetic system of each individual was activated; there was an increased output of adrenalin, thyreoidin, of glycogen, and an increased mobilization of the Nissl substances in the brain cells, from all of which there resulted an increased transformation of energy in the form of heat, motion, or chemical action. The individual moved quickly, he sang or prayed, his face was flushed, his heart beat faster, his respiration was quickened and there was usually an increase in his body temperature." Such emotions, Dr. Crile remarks, create our mental presentations, which he calls "war patterns" of thought and action. In his last chapter, "Evolution Toward Peace," he points out that if war is to cease, "peace patterns" must be developed in the mind to replace those of war, and insists that the "Environment is the mould which predetermines the man," and that the only way by which the "action patterns" of a people can be altered is by changing the mould or altering the environment.

But what, some one may say, has all this to do with the functions of a Federal Department of Health? I may answer by saying that so long ago as 1906, in a paper on "Immigration and Overcrowding of Cities," I pointed out how the duties and functions of the medical officer of health were changing, and that unless he was to degenerate into simply a cog in the municipal political machine, he must realize that the health officer has to do not only with scarlet fever, nuisances, and water supplies, but must also become the centre of all civic health and social activities, since all are intimately associated with health. Investigating a case of scarlet fever in a tenement, the health official finds, it is true, the infectious disease, but also the tuberculous mother, the young girl trying to hold the home together, the boy of school age in a factory, mayhap a child an imbecile and the father a drunkard. Such a single case evidently involves almost every medical, social and economic problem, and to-day a department of health must be as a Minerva springing full-armed from the forehead of cloud-compelling Jove, if it is to realize to the full its manifold functions and responsibilities. Every one of such problems is being dealt with by up-to-date boards of health in our great cities; health activities are becoming rapidly socialized, and in the home, the shop, the factory and in the mine, the individual is beginning to receive attention as a person.

Naturally it will be found that our communities throughout Canada vary greatly in the stage of their evolution in health matters, as in others, since statistics show some to have a mortality rate approximating that of the pre-scientific first half of the century. If it be said that in these communities the social demands have not been so numerous or complex, it may be replied that the civic growth and evolution of the fast twenty years have shown perhaps a proportionately greater development of the means for meeting their special problems than have simple rural districts in matters of health. As Professor Wundt points out, new mental associations are continually appearing in consciousness based upon experience. We may, however, fairly conclude with the coming

of good roads, of the motor, of cheap electricity and rural mail delivery to the farm, that new mental associations will soon demand modern housing conveniences and social amenities, while Melba will be heard singing in the hamlets far removed from cities and Caruso will be something more than a name.

Realizing then, in some measure, the nature and extent of the objects to be attained, we shall outline some of the functions which a Federal Department of Health may fairly be expected to perform:

1. It can aid in crystallizing the most advanced health ideas into legislation, common to all the provinces, and provide means by which facts of vital and statistical interest can be tabulated frequently and published for general use.

2. It can arrange for the collection of information regarding threatened epidemic and other diseases, which can be disseminated for the use and guidance of the executive officers of the several provinces and of neighboring States, and thus cultivate reciprocity in action for the general health welfare.

3. It can co-operate in measures intended to deal with health conditions growing out of our complex life tending to disseminate diseases of a peculiarly social character. Indeed, experience shows that such measures must be yet more refined and comprehensive, demanding the education of a too often unwilling public, involving as they do ethical principles accepted only gradually.

Perhaps first in importance of these are the measures for dealing with tuberculosis. It is just twenty years ago since the Ontario Sanatorium Act was passed, and experience since then, as well as its general adoption in other countries, has shown that local sanatoria supply the most practical means, both curative and preventive, for dealing with this disease, satisfying as they do the feelings of the relatives of the sick, while carrying educative influences even into the poorest homes. Such centres have led to the evolution of the district sanitary visitor and health nurse, and, when associated with an active anti-tuberculosis society, exercise a most potent influence on both health officials and charitable associations, through forcing slum conditions and overcrowding into the field of active municipal politics. There are annually in Canada probably one-half as many deaths from tuberculosis as there were of influenza last year; but the poverty induced through long sickness, the loss of wages, and the dangers of infection to the family, probably exceed annually the cost of the influenza epidemic which has occurred but once in thirty years.

In dealing then with this disease, it seems most proper that the Federal Department of Health should assist not only through education, literature, and illustrated lectures, but also directly by establishing sanatoria for Indians, by erecting several climate sanatoria where the influence of altitude, sunshine and temperature on various types of disease can be studied, by assuming the cost of patients going from a sanatorium

in one province to one in another, and by aiding, through a per capita per diem grant, patients in the curable stages of the disease in the several provincial sanatoria.

4. It can stimulate everywhere social and educative agencies to appoint trained nurses, just as school teachers are employed. As the visiting health nurse has become a municipal necessity in tuberculosis work, so she will become more and more the medium for dealing effectively with those social diseases spoken of as venereal, since only gradually will it become possible to reach their silent victims; but whatever clinics have been established in the general hospitals now so widely existing, the district nurse, through encountering their effects in mothers and children, will prove active instruments in inducing patients to receive and follow treatment. In this urgent work it is apparent that Federal regulations controlling the movements of persons under treatment must be passed, while a fair share of the cost of treatment may well be borne by the Federal Government, which has the authority to call upon the man-power of the country to come to its defence, the value of which depends upon its physical efficiency.

5. It can assist in the welfare of mothers and the care of their children by such various ways as are being adopted in England. Not till the Boer war did England fully realize what physical defects meant in the loss of man-power, and since then, and increasingly since 1914, her health programme has undertaken to deal adequately with the potential soldier and producer of wealth through elaborate plans for child welfare. This has been extended here to the point of ensuring, through legislation, medical assistance and home helps for the prospective mother, while in this work the general government assists the municipalities to the amount of 50 per cent. of the local cost. If in this, and in venereal disease work, some definite proportion of the cost based upon local efficiency were borne by the Federal Department in Canada, results proportionate to those in England would doubtless be obtained.

This important matter has just been reported upon in a special report in England by Dr. Janet Campbell dealing with "The Health of Women in Industry." She states that there is a lessened birth-rate in women who work in industries and a relatively high death-rate, varying with poverty, bad housing, defective sanitation, and the nature of the occupation. The assumed cause of the high mortality is the lack of "mothering" for the infants, while the inferior health of the overworked mother must be directly contributory. In view of all the difficulties in dealing with married women in industries, the report says: "That action in caring for the expectant mother can best be carried out by the local health authorities providing ante-natal and maternity facilities." This work in England is intimately related to the aid granted to such mothers under the Insurance Act of 1912 and the Maternity and Child Welfare Act of 1918, which provides for medical help, advice of health visitors, maternity or child welfare centres, and food and milk both for mother and child.

6. It can institute some comprehensive scheme whereby the best results of medical science can be brought to the poorest individual. The facts just given indicate the direction in which systematic child saving work will proceed in Canada; while the amount of money spent ($811,774.32 in 1917 in Ontario) on the 170,000 members* of the Friendly Societies in Ontario makes it plain that many persons in Canada are already educated in the idea of organized mutual help; but the fact that the medical services paid for amounted to only $90,621.00 by all these societies, shows that there was either little real sickness or that the insured persons went elsewhere for treatment on the ground that the quality of the services so poorly paid for would be about in proportion to their cost.

In nothing perhaps would compulsory health insurance lead so directly to beneficial results as in the early care of syphilitic cases and especially of infected prospective mothers. When it is recalled that at least 50 per cent. of the children of syphilitic mothers die†, the great advances made in recent years in the treatment of the disease by salvarsan products may be appreciated through the reports of several London clinics, as that of the London Lock Hospital, which reports that in eight months sixty-eight pregnant women were given treatment for venereal diseases, and that of these forty-two were delivered and that of the syphilitics most gave after delivery a negative reaction, while thirty-seven out of forty-five children in another clinic were born alive.

7. It can greatly extend the scientific methods of dealing with the admission, as at sea-ports, of diseased or defective immigrants to Canada. This implies the existence of a fully qualified staff of all-time medical officers to carry on inspection during the immigration season, and who at other times would be employed in studying social problems and making surveys in those districts especially to which immigrants have gone.

8. It can establish and equip laboratories to assist both in the work of the several services already indicated and by investigating new problems in the more technical work of the Department. It is interesting to know that the laboratories of the Inland Revenue Department are to be transferred and will naturally devote their attention especially to food problems as they relate to nutritive values and their bearing upon child hygiene. Such could also be made of much value in establishing standards of foods in relation to their digestibility and food values in proportion to their market price. It seems apparent that maternity homes and child welfare centres must soon become the places where will be taught and whence will radiate more practical knowledge and direct benefits to health than through any other agency. There will begin the preventive and corrective work, often after regrettable delay and permanent injuries to the children have resulted due to defects readily curable in the

*These had 33,468 sick in 1917, and included 166,872 weeks' illness.

†Haufmann states that in sixty-six pregnancies in nine married couples only thirteen children were born alive of whom only two appeared normal.

pre-school age, which in recent years has been carried on in the public schools.

I have attempted very imperfectly to outline some of the functions of a Federal Department of Health established in this reconstruction period after the war. When we recall that it is not much more than fifty years since the first facts were known about the agents of decomposition through fermentation and putrefaction and less than that since the germ theory of disease was either known or accepted, we may well be gratified in seeing the preventive and curative agencies in medicine for dealing with disease being daily brought more closely together. Sir Bertrand Dawson, the King's physician, laid down as first principles in his Cavendish lectures last year:

(*a*) That many diseases are preventable;

(*b*) That many more are curable and that every person in the State has a right to the best treatment of his malady known to science; and

(*c*) That there is no political party which would deny either postulate.

The socializing of medicine, by which the State utilizes not only health officials as we have them to-day, but also by which it employs in a definite way the services in England of four-fifths of the total profession in health insurance work, requires the additional steps now being supplied in the Ministry of Health Bill, whereby the poor law service, voluntary hospitals and laboratories of research are gradually being brought into one system, under which the maximum results of the discoveries of science will be available for the national welfare.

Sir Bertrand Dawson, at a public meeting last winter called to promote the Ministry of Health Bill, stated that the physician is a vital part of the structure which had to be built. It was most important to help the general practioner and give him an opportunity for doing his best work. Each year the work of medicine becomes more complex and requires larger equipment. And just as they have fabric and equipment provided for education in the shape of schools, so they would need to bring together all their activities in the health centre. In his opinion the health centre could go a step farther; they wanted something in the centre which could convey the idea of health in its active rather than its passive conception. He suggested open spaces in connection with the clinics, where physical culture and games could be carried on.

At the same meeting the Honorable Dr. Addison, Minister of the Local Government Board and of Health, stated that there were twenty-one government departments dealing with health matters and more than two thousand local health authorities in England and Wales, and gave these facts as good reasons for co-ordinating their activities under one Ministry. He added that the Ministry would not propose to proceed by

compulsion, but that the people only needed practical schemes put before them to ensure their approval and support.

I have referred to the remarks of these two great British authorities, since they accurately indicate the sentiments which will, I am sure, animate the administration of such a department of health in Canada. It is just fifty years since the first report urging the establishment of such a Board of Health was adopted by the Canadian Medical Association, and here, as in England, it has required a great war to arouse the people to a sense of the primary national need, the saving of its man-power. It seems most appropriate that in peace as in war the "mental patterns" which activate all national action should travel *oequo pede* through every State within the Empire over which the flag waves, and what can be more appropriate than that we should wish to see in one of the quarterings of our coat-of-arms, Æsculapius, with his ever-wise attendants, sitting meditating sublime wisdom? We hail the presence of all the daughters of the Grove with its health-giving, ever-flowing springs, Healing (Janiscus); Help (Alexenor); Prayer (Aratus); Well-begotten (Hygieia); Modes of Healing (Jasco), with Panacea, the all-healing herb.—*The Canadian Medical Association Journal.*

To-Day

Lord, give me strength, I pray,
To do my work to-day;
To do it right,
With all my might
Without mistake,
As for Thy sake.

When doubt besets my way,
Let me the question lay
Before Thy throne,
Where all is known;
Where what is best
Will stand the test.

And when the day is drear,
May I keep very near
And hear Thy voice,
And thus rejoice
That I am Thine,
And Thou art mine.

—GEORGE E. WILMONTON.

High Heels vs. Nursing Efficiency

By Agnes Joynes, R. N.

E. H. Bradford, M. D., of Boston, Mass., in an article published in the *American Journal of Nursing*, March, 1920, begins with the following statement:

"Although the nurse needs a proper shoe no less than does the soldier, comparatively little organized effort has been made to furnish footwear for her. The result is often unfortunate in causing discomfort to the nurse and limiting the efficiency of her service through unnecessary and avoidable fatigue."

In the last sentence of the above Dr. Bradford expresses, in a very mild way, the grave consequences to the world at large of unsuitable footwear among nurses. That this is "unnecessary and avoidable" certainly makes it no less grave.

I know just how difficult it is to get anything like the proper shoe for the nurses' long hours of standing. I think I died a thousand deaths while trying. The nurse, unfortunately, cannot count upon the co-operation of the average shoe dealer when trying to purchase. He is a business man, not a philanthropist. If he happens to have the shoe which she needs, well and good; but if she asks for one a little broader, let us say, than is popular among the majority of his customers at the time, he is inclined to persuade her that the style he has in stock is just the thing which she needs. If she does get the right fit, it will sometimes happen that the insole of the shoe, regardless of the price or the name of the maker, will curl itself up in lumps under her feet — and then heaven help the nurse who has to wear them!

She may return them to the dealer, there to be informed that the fault is with her feet, that they perspire and—melt the shoe, I suppose. I don't know what else can be meant. She will explain that she has been wearing shoes pretty constantly ever since she was born, and that that only happens with an occasional pair, and that, besides, her feet do not perspire immoderately. No use. He will simply repeat that the fault is with her feet; that the shoe is made as well as any are made at the present time; that he is sorry, but he can do nothing for her.

The nurse may express the desire for a custom-made shoe. He is inclined to argue that that is a very foolish thing, because he can give her an excellent fit from his stock in hand for much less money. If she gives up in despair and buys the shoe, as advised—oh, misery! it is sure to pinch in just the place where she knew it was going to pinch. If she insists upon the custom-made shoe, he carefully (?) measures her foot, and, at the end of a stated time, she receives—far be it from me to say that she receives the same shoe which he had tried to persuade her to buy, but she sure does get the same pinch. So it is rather discouraging.

Still, I find that, by working hard enough, I can usually find a shoe which is really comfortable for my work and for the long walks which I like to take when off duty. It is certainly an easy matter to get a more comfortable shoe than is worn by the majority of nurses to-day, and that is why I am writing this paper.

I shall "begin my remarks" not quite so mildly as does the eminent physician whom I have quoted, but as it honestly appears to me, the nurse.

Does our country need all of its population, or can we afford to allow thousands of our best people to die every year for want of care? Or I can bring the question closer to our hearts by asking: Do our individual homes need every member of the family, or can we easily part with one or more of the familiar faces?

Thousands are dying now because of the lack of care. If such death has not occurred in the home of my reader to-day, it may to-morrow. The scarcity of competent nurses, or of nurses of any description whatever, at present is one of the greatest disasters of the time. But that nurses are scarce, and will be for some time, in spite of every effort which the country can put forth, is an undeniable fact; so I shall spend no time now in considering that situation, but come at once to my point:

Because there are so few of us in the nursing army, the greater responsibility then belongs to those of us who are. Can we meet the big demand? I am afraid not. Not by quite a long way. But, under comfortable conditions, we can do much more than we are doing now.

A competent, conscientious nurse may save many lives if she keeps herself in a state of health equal to her work. From that point of view, then, the nurse's life is worth many lives. It is her duty to keep herself living and well. It is the duty of her country to keep her at her best. But the nurse is not attending to her duty in that respect; and neither is the country, whose physical life depends so largely upon her services. This day of high heels is destroying nursing efficiency very fast. It is destroying efficiency not only among nurses in private duty, who in astonishing number wear them, but even among nurses in some of our training schools, where one would think such a thing would never be allowed.

What country would send its soldiers limping against an enemy, their feet wedged into an excruciatingly narrow angle of shoe leather? Yet many of our soldiers who fight disease, one of the greatest enemies which has ever confronted the world and which is always threatening us with extermination, continually face the enemy in this crippled condition. What chance do they have to win?

Dr. Bradford draws the nurse's attention to the fact that, "for lifting, or active movements in a position reaching forward, more support is necessary from the forward part of the foot. This is furnished nor-

mally by the spreading of the front of the foot, and in case of heavy lifting, by pressure of the toes, especially of the great toe, upon the ground or floor. The front of the foot is also needed in ascending or descending long flights of stairs. . . . From the foregoing it is evident that the nurse's shoe should allow free toe action and a suitable spread of the front of the foot. For this it is necessary that the inner line of the shoe be straight, that the shoe should not be pointed, and that the upper should be full, avoiding binding the toes down too tightly, crowding them together, permitting normal movements of the toes. It is also necessary that the tread of the shoe be sufficiently broad, and that the shank of the shoe should not be so narrow or so highly arched as to prevent the ball of the great toe from having the ability to furnish a firm base of support when the weight of the body falls upon the inner side of the foot. The heel of the shoe should be broad and low, giving a firm and not an uncertain basis of support when weight falls upon it."

It will not be necessary for me to state that no movement of the foot muscles, of which Dr. Bradford speaks, can be made in high-heeled, narrow-toed shoes. Neither will it be necessary for me to state in detail the numerous miseries of such shoes. Anybody can guess why the nurse who wears them complains of being tired before the day is well begun. Anybody can guess the state of that nurse's nervous system from the time she comes on duty in the morning until she goes off duty at night. Anybody can guess why complaints are constantly coming from the patients—those patients who live to tell the tale. But who can guess why this condition is allowed to exist?

Any nurse who has ever had a case of critical illness in her special care will remember that, until the crisis was well past, it took her entire time to properly attend to the patient. Besides the routine bath and medicines and rubbing and feeding, besides any special technical treatment which may have been ordered, there were many other necessities in the case, small each in itself to the casual onlooker, but vital nevertheless. There was the right word to be said always at just the right time, the new discouragement or fear to be allayed, the new ache or pain or discomfort of one kind or another to be discovered and treated. There were the thousand and one little places where the whole personality of the nurse comes in and makes or mars, as the case may be.

It is largely for those "little things" that the physician calls the nurse. He knows that anyone could mechanically follow his written orders in the average case, just as any nurse knows that her work cannot be successful without those orders intelligently carried out. He knows that to keep the patient in good condition mentally is one of the most important duties in the care of the sick, and that, if a nurse is to be a success, every movement of her body and every tone of her voice, while she is working for the physical comfort of her patient, must convey to him that mental strength and assurance lacking always in the very sick.

But no nurse can keep a patient comfortable mentally unless she be in a comfortable and happy mental condition herself. And no nurse can be in the right condition, mentally or physically, who has to stand all day in uncomfortable shoes. At any rate, I couldn't be. Could you?

More than that, if the special attention of at least one nurse is required to bring one person critically ill back to life—and we who nurse know to what serious extent this is true—when the nurse must divide her time among several, as she does in the hospital and not infrequently in the home, she certainly must be comfortable in order to meet with anything like success—in order that the patient, who was not seriously ill at the beginning, does not become so under her hand.

The hospital nurse has so many, many things to do, it would seem to one unaccustomed to the work that to "get around" one patient once during the day is about as much as she can attend to. She would laugh if this were suggested to her, and yet it is about all that her work actually will amount to if her feet are uncomfortable, although it will seem to her that she has done a colossal day's work, and she will go off duty at night wondering why she is expected to do so many unreasonable things.

But when the same nurse can trip about with perfect comfort, she finds that her work is not so terrifying after all. At any rate, she sees it in the right perspective and is able to meet it sanely, giving to each part of it something of that consideration which it demands.

The comfortably clothed nurse will find that it is not impossible, under the hardest conditions which she is likely to face, to spend much more time than might reasonably be expected of her with the sickest patients in her ward; to make many little unlooked-for (and for that reason the more welcome) calls at the bedside where she is most needed. She will find that, on the way to some other duty, she can often stop beside the patient who is discouraged by long suffering, long enough for a cheery word, or some such little chat as this:

"You are going to be all right. We are going to make sure that you will be. We cannot always be beside you, of course, but we do not forget you as soon as we have gone from your bed. We are thinking of you while we are across the ward treating patients there. We have you constantly in mind, and no change can come in your condition which we will not see and attend to as it needs. We know that you often feel very badly, but that is really not so serious as it seems. You surely are going to be all right." And if the nurse is perfectly capable of attending to her business, that which she says will, in a large measure, be true, and the tone with which she says it will carry conviction.

If there be a "nervous" patient in the ward, one of those who seem to the tired nurse to have nothing wrong with him but a lot of impatience and an exasperating lack of reason, the comfortable nurse will see that the many demands of that patient and the continual tossing about the bed represents actual suffering there, which, whether or not it will

win sympathy upon first glance, will surely wear the patient to death if he cannot soon get rest. She will see that, when she has mastered those "fussy" symptoms, which is often a simpler process than one would believe, she has done a great deal toward the patient's recovery, and the recovery of the many about him who have been annoyed by him. The comfortable nurse understands such all-important things, because all her faculties are wide awake, her senses alert, and that sense "intuition," which every nurse should possess, is able to work at its best.

She will be able to soothe the "nerves," because she can think and has the physical strength to put her thoughts into action. She will recall the necessary truths which have been taught her since the days of her probation. For instance, she will remember that a cool compress or an ice cap on the head of the restless patient will comfort him much more than any persuasion or scolding could do, and this will occur to her in time to prevent much of the trouble rather than after it has gone on for hours and hours. Such treatment will be ordered for her patient, because she sees the need and reports the condition truthfully to the physician. She can stand comfortably beside the patient's bed long enough to rub some of the nervousness out of his back or arms or legs—and more than once during the day, if necessary. And just here I wish to state that it is only the hand of the comfortable nurse which can soothe with its touch. She will remember that aching and "nervousness" in the muscles is often due to lack of support of those muscles, and will improvise tiny pillows to fill the hollows between the unsupported muscles and the bed. At the same time she will not lose sight of the fact that those cushions, if left too long, will become tiresome to the patient, and she will remove them at the first sign of returning restlessness.

These little acts of mercy, which may seem to break so uncomfortably into the nurse's already overburdened time, will give to the patient, and the patients about him, that rest which will not only save the nurse many minutes before the day is through, but which may mean the turning point in the patient's disease—may mean the difference between life and death.

The comfortable nurse will always feel in the mood to do one more of the many next-to-impossible things which continually confront her profession. She can find time to frequently moisten and clean the feverish tongue so that it will not swell and shut out the air from the patient's lungs, causing untold discomfort, if not actually death; for she will have observed, being always in condition to observe, that the torture of the parched and swollen tongue and lips is unnecessary if proper attention be given from the first. She will remember to watch the mouth and throat of the patient whose vitality is very low for that tenacious mucous which can collect and (so I have come to believe) cause strangulation, and death itself.

She can do these and the many, many other things which make the difference between life and death, because, as I have said, she is able to see the necessity for so doing, and her body, unhampered by unnecessary pain and fatigue, can endure the hard strain.

Let any high-heeled nurse who will, say that she does all these things and would be ashamed of herself if she did not. I insist that, no matter how much she may think she does, she could do much more if she were working comfortably.

The uncomfortable, unhappy nurse may be just as much interested in her patient and just as willing to work, so far as her crippled condition will allow. She may feel just as kindly toward the patient, and may speak practically the same words, meant for comfort and encouragement, but you can guess whether or not they will have the same effect.

In nine cases out of ten, however, she will not feel the same toward her patients. Their wants will seem to her to be most unreasonable, and she cannot be patient with them because patience does not dwell in uncomfortable shoes. It is worse than useless to snap at the suffering person: "Oh, you are all right! Don't be so afraid! That is only foolish! It is our business to see that you get all the attention you need, so don't worry!" The patient will see at once, and probably has seen from the first, that the one who speaks to him in that way is not quite so capable of attending to her business as she would have him believe. He will begin to think that his chances for recovery under her care are small, and he probably will not be far from right.

To return to Dr. Bradford's article regarding footwear, he says:

"Shoes of excellent appearance, which do not in any way hamper the foot for any service required of the nurse, can easily be designed and made marketable. For this is needed the co-operative efforts of shoe manufacturers and heads of nurses' training schools and nurses' associations. A comprehensive consideration of the subject would supply the market with proper shoes, and would be of great assistance to those engaged in the nursing profession. If properly placed on the market, they would undoubtedly be met with an adequate demand."

I have no doubt that that would help a great deal; but would the demand be as great as he hopes? Would such shoes be considered of "excellent appearance" by the admirer of the high heel? Would they be met with an adequate demand? I wonder if this can be left for the nurse to decide? It seems that it might be. In this day, when woman is talking of the ballot and of taking her place side by side with her brother in life, it is time that she should be beginning to realize that, with her feet wedged into high-heeled shoes, she can never be of much force.

But would the nurse, where she is free to decide, always choose the comfortable shoe, even if it were easily within reach? Does the being who is not a nurse give up any of his pet vanities because they inter-

fere with his comfort, or that of somebody else? Some do, I know; and others do not. They persuade themselves to believe they are doing well enough as they are, and that, besides, the discomfort is not of their own making, but due to some outside influence over which they have no control. I am afraid that it will be exactly the same among nurses. And why not?

The fact remains, however, that in this day of much illness and few nurses, while the footwear of the nurses is not permitting her to do her best work, men, women and children are dying for the care which she, unshackled, could give. Can we allow this to go on?

It may be that it will be necessary to make compulsory the wearing of comfortable shoes in nursing, just as in military service. It is so important, when you stop to think. It is just as necessary to the life of a country as innoculation against disease, and all the other things we fuss so much about. I am sometimes so extreme as to think that every young woman whose application for hospital training has been accepted should be sent to a competent orthopedic physician to be given a prescription for the shoe for her particular foot, and that the country should take upon itself the responsibility of having those shoes made. That would insure the nurse against high heels, lumpy insoles, and various and sundry pinches, and insure the patient against the deadly effects thereof. It would be an added expense to our country, it is true, but one for which the return in man-power, and all that is meant by that, would be sure and prompt.

Nursing On An Indian Reserve

By E. TURNER, Day Star Indian Reserve.

In my last article I gave you a brief outline of the difficulties a nurse has to contend with on an Indian Reserve. However, I will try to give you some of my experiences with various patients, and their complaints. I find there is a general tendency to dirt and filth amongst the natives. This does not help me, but rather tends to increase my work. Sanitation is entirely unknown, and, as for bodily cleanliness, they have a great antipathy to the use of soap and water. The children occasionally, in summer, bathe in the sloughs in the district; but there is always an oily smell about them—oil seems to exude from every pore in their bodies. The result of this dirty condition is a considerable amount of impetigo and pediculosis. The former I usually treat with zinc ointment. I did try mercurial ointment, but this latter was no good; the skin of the Indian calls for a drying ointment. They are very difficult to persuade to have their hair cut short; hence, the pediculi have a magnificent breeding ground. Owing to this pediculus condition there are numerous cervical gland abscesses which have to be incised, but, fortunately, clear up in about seven days. An Indian came to me one day, recently, very alarmed

about his son, age nine years. Would I go to him at once? He had chicken-pox very badly. Knowing the seriousness of an infectious disease amongst these people, I went, found the boy in bed, some five or six other Indians in the hut, and with difficulty cleared them out. I examined the patient—no sign of varicella—but his head and face a mass of pustular impetigo. I insisted on cutting the hair away, and treated the scalp to a thorough cleansing. In a few days there was nothing left but scars. The Indians are very susceptible to conjuctivitis, and a number come under my care for treatment. I use yellow oxide of mercury 1%, or zinc sulphate gr. v., aqua ad 1 oz.; either of these clear up the inflammation.

You will no doubt remember, in my last article, I told you the doctor lived 14 miles away, and during the past six weeks it has been as low as 45 degrees below zero, with three to four feet of snow; the roads were quite impassable, so that it was quite a difficult matter to get the doctor, had I needed him. Consequently, I have to diagnose and prescribe accordingly for my patients.

The Indian is very susceptible to tuberculosis. The general opinion, for this disease amongst them, is that the white man is responsible; but there is certainly more pulmonary tuberculosis since the influenza epidemic. Every Indian that is suffering from tuberculosis, I find, had influenza as recent as a year ago. One patient under my care—a young married woman 19 years old—is in the advanced stage of phthisis. The condition and surroundings of this case are simply appalling. The building is a long, low one, divided into three, with a small communicating door to each part, but only one door opening to the outside; each compartment is occupied by a separate family; one end, there are four young children, the mother and father; the other end, an old Indian medicine man and his wife; the centre part is occupied by the tubercular patient and her husband. At the present time there is no accommodation in any sanitorium or hospital for Indians suffering from phthisis. So far it is very difficult for a nurse working under such extreme conditions. The best one can do is to make the patient as comfortable as possible, and try to teach them the necessity of burning all handkerchiefs and rags used, and to boil all utensils. There is a good deal of rheumatism amongst the older Indians, but this is not surprising. They go out in all weathers, and very often get home wet through; they have no sense of changing their wet garments for dry, and often sleep in them.

It is astonishing the small percentage of infectious diseases amongst the Indians. They are a grateful people, and they help to repay the nurse for the many difficulties she meets.

Character is power—is influence; it makes friends; creates funds; draws patronage and support, and opens an easy way to wealth, honor and happiness.—J. HAWES.

Editorial

The Editor extends congratulations to Miss Margaret Clotilde Macdonald, R.R.C. Matron-in-Chief, Canadian Army Nursing Service, on the award given by the International Red Cross Committee to her of the Florence Nightingale Red Cross Medal. In 1912 this committee at Geneva issued a medal in memory of the work of Miss Nightingale, to be distributed annually to six trained nurses who, in the opinion of the committee, had rendered exceptional service to the sick. During the war no medals were awarded, and at the last meeting of the committee some forty-two were given. Miss Macdonald is the only Canadian Nursing Sister to be distinguished.

* * * *

At the time of going to press the two conventions of the two National Nursing Associations are in session. Several important points are being brought up, in addition to the usual valuable papers and discussions. If our Canadian nurses can carry away with them the spirit of that nurse, the foundress of the Training School of to-day, whose centenary we have celebrated this year, the meeting will have been of great value to us all. In this time of general unrest, we must hold fast to the standards given us, and, by working slowly and carefully in the right directions, things must eventually right themselves. We want to see results, we so often fail to build the foundation that will last long after we are gone.

PLAY SAFE

The money value of a man includes the cost of his upkeep and education from his birth till he becomes self-supporting. He then becomes an asset instead of a liability.

This demonstrates the economic loss to the community when, through an accident, he is incapacitated and unable to carry on his work. All the cost of bringing him to the earning stage is wasted, and he again becomes a burden on society.—CONSERVATION.

A very good substitute for sputum-cups may be made from newspapers. Take a double sheet, fold together, then in half, then through the centre, then twice more. This makes a folded pad, four or five inches in size, with several compartments, which may be used and then closed; and, when used up, is easily destroyed by burning.—UNA.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Amy Desbrisay, 638A Dorchester St., West.
Second Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638A Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.

The Canadian Nurses' Association will be represented at the conventions of the Canadian Association of Nursing Education and the Canadian National Association of Trained Nurses, which are being held in the twin cities of Fort William and Port Arthur from July 5th to 10th, inclusive, by our President, Miss Phillips. Several members will also be present.

JOY

To-day, whatever may annoy,
The word for me is Joy, just simple Joy:
The joy of life;
The joy of children and of wife;
The joy of bright blue skies;
The joy of rain; the glad surprise
Of twinkling stars that shine at night;
The joy of winged things upon their flight;
The joy of noon-day, and the tried
True joyousness of eventide;
The joy of labor, and of mirth;
The joy of air, and sea, and earth—
The countless joys that ever flow from Him
Whose vast beneficence doth dim
The lustrous light of day,
And lavish gifts divine upon our way.
Whate-er there be of Sorrow
I'll put off till To-morrow,
And when To-morrow comes, why then,
'Twill be To-day and Joy again! —ATLANTIC MONTHLY

News from The Medical World

By Elizabeth Robinson Scovil

Serbian Soldiers

Many soldiers of Serbia have been left in a crippled and disabled condition, as the result of injuries received during the war, because they have not been treated by modern orthopedic methods. The Serbian Red Cross in Great Britain has invited Serbian surgeons to come to England to study British orthopedics under the most distinguished surgeons with a view of helping their fellow subjects.

Syphilis

An American physician has stated that, after reviewing about 4,000 Wusserman tests, he has come to the conclusion that primary syphilis is never cured. He thinks that the test treatment is that which will give the patient the longest lease of life and usefulness to himself and society.

Transmission of Tuberculosis

In some recent experiments water in which spoons used by two tubercular patients had been washed was injected into eleven guinea-pigs subcutaneously. Of the eleven, three died of tuberculosis. Twelve guinea-pigs then received injections of water in which spoons had been rinsed after having been washed in hot water by hand. Of the twelve animals, three died from tuberculosis. It is therefore indicated that, in families, the eating utensil is the chief avenue of transmission of germs. Spoons, forks and drinking vessels should be boiled, or cleansed with boiling water, if separate ones cannot be used, and washed by themselves.

Some Results of Prohibition

The Board of Ambulance Service in New York has reported a large decrease in cases of alcoholism and intoxication. Bellevue Hospital reports 228 calls for intoxication during the first two months of 1919, and 31 calls for the same months of 1920. It is estimated that there will be room for 7,000 new patients a year in the hospital owing to the reduction in the number of cases of alcoholism.

Liquor Prescriptions

The Chairman of the Board of License Commissioners of Ontario has informed a committee of the Legislature that 80 per cent. of Ontario physicians write less than ten prescriptions for liquor in a month. It is the 10 or 20 per cent. remaining who are the "official bartenders" of the province.

Patent Medicines in Tuberculosis

The extreme danger of depending in the least on patent medicines for the cure of tuberculosis is emphasized by the thousands of persons every year who have trusted to their false promises until so much time has been lost that their cases have become helpless.

Permanganate of Potash in Smallpox

Painting the face and arms and hands of smallpox patients with a saturated agneous solution of potassium permanganate three or four times a day for the first two or three days and then the entire body once a day is recommended. This stains the skin brown. The convalescent stage is said to be much shortened and the isolation period reduced. If this strength causes smarting and is too irritating, the solution can be diluted and applied to part of the body at a time.

Salvation Army Hospital

The Salvation Army is to have a new maternity hospital in Ottawa. It is to be ready for occupation about the first of November, and is to cost $125,000.

Woman Doctor as Inspector

Dr. Margaret Parks, of St. John, has been appointed Medical Inspector for New Brunswick by the Dominion Government. She will be responsible for the inspection of immigrants at the post of St. John.

Tuberculosis in Canada

Dr. Charles V. Parfitt stated before the special committee on pensions that 35,684 Canadian soldiers were killed at the front during the war. In the same period there were 42,920 deaths from tuberculosis at home. In the men discharged with the disease apparently asserted the most critical time was the second year after discharge and then the men became less careful. The mortality was greatest four years after discharge and in seven years would approach normal.

Survival of Micro Organisms

An extremely interesting statement is published in the *Journal of the American Medical Association*. Dr. Galippe, of Paris, has been making researches into the survival of micro-organisms in paper that are susceptible to cultivation. In one he found a bacillus in form and structure identical with the titanus bacillus. He was able to study, besides ancient Chinesee manuscripts, fragments of a paper of the Ptolemaic epoch, about 200 B.C. In this he discovered micro-organisms which, after three hours' contact with sterile water, regained their activity and showed themselves endowed with motion, after more than twenty centuries of immobility. When placed in a favorable culture medium, they multiplied, and their mode of development and the different phases of their evolution could be readily studied.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss E. M. Pemberton,
Victoria General Hospital,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Ontario
Miss Eunice H. Dyke,
City Hall, Toronto.

Manitoba
Miss Elizabeth Russell,
Provincial Board of Health,
Winnipeg, Man.

Saskatchewan

Alberta
Miss Christine Smith,
Department of Public Health,
Province of Alberta,
Edmonton, Alta.

British Columbia

QUESTION BOX

Questions on public health subjects will be received by the Chairman of the Public Health Section of the Canadian National Association of Trained Nurses, Miss Eunice H. Dyke, City Hall, Toronto. Each question will be forwarded to nurses qualified to discuss the subject.

Ontario

The following, which is a part of the January report to the Board of Health from the Medical Officer of Health in Toronto, will be of interest as an example of co-operation in meeting a civic emergency:

Organization for Influenza Epidemic

In organizing to meet an influenza epidemic under present conditions, three main purposes had to be kept in mind:

(1) To teach the people to avoid infection by avoiding personal contact;

(2) To teach them to avoid complications and serious results by going to bed promptly and staying there sufficiently long;

(3) To so arrange matters that it would be possible for the patients to stay in bed and the households to carry on.

Of course, with a shortage of nurses, it is necessary to see that nursing care is forthcoming for the complicated cases. Also many minor points must be considered, such as instruction for simple treatment, free innoculation, etc. The experience of the last influenza epidemic made the planning for the present one comparatively simple. It was only necessary to strengthen the weak places of the former organization.

Educational Publicity

The campaign to instruct the people has included much newspaper publicity, mostly in the form of interviews. Two carefully prepared paid advertisements have been inserted in the city papers. However, our most satisfactory method of getting the necessary information to the people is by handbills, distributed through the various industrial establishments of the city by our Division of Industrial Hygiene and through the public and separate schools. About 240,000 copies of a carefully prepared circular, covering both prevention and treatment, have thus been placed in the hands of the people of Toronto. Other educational publicity will be used as occasion may require. A statement of the progress of the epidemic is handed to the press daily.

Home Service

The more important problems involved in home service in this influenza epidemic may be conveniently grouped under the following headings:

(1) Recruiting and training of epidemic workers;

(2) Conservation of nursing forces;

(3 Provision and distribution of material relief.

Recruiting and Training Emergency Workers

At the request of this Department, the Toronto Red Cross undertook to enroll both trained and untrained workers for epidemic service, and a bureau has been established in the old Juvenile Court Rooms. Simple instruction is given to the untrained, and innoculation is optional. Some assistance has been given this bureau by the Department from time to time in making its appeal for workers. For example, we sent to every clergyman in the city a request for a pulpit announcement stating the need for volunteers for this bureau. The St. John's Ambulance, Salvation Army Cadets, and similar organizations, are enthusiastically supporting the bureau.

This is a very appropriate function for the Red Cross in the present epidemic in view of the fact that, by the League of Nations agreement, that organization is constituted the official auxiliary to the health authorities in peace as it is to the military authorities in war. Moreover, because of its huge membership of persons banded together to work "for the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world," the Red Cross is in a unique position to successfully appeal for volunteers for epidemic service.

Conservation of Nursing Resources

In view of the shortage of nurses, it was highly important to use the available ones where they were most needed. At the very beginning of the outbreak, the Central Registry of Graduate Nurses had a long list of unanswered calls. At the same time it was known that many wealthy patients had two or three special nurses, who could get along

with only one or none at all. Repeated appeals were made through the press for self-denial in the matter of nursing service in order that really urgent cases might be cared for. A circular letter was sent to the physicians of the city, urging this same point, and the nursing council issued an appeal to the nurses and public along the same lines.

A conference was held of representatives of the nurses' registries and visiting nurse organizations, and arrangements were made to organize the work in the homes to insure the right kind of worker being sent to each case. Last year it was found that frequently inexperienced workers were sent to most serious and difficult cases, while trained people were sometimes sent where only a housekeeper was needed. Besides, it sometimes happened that when calls for help were sent to a variety of organizations, several workers were sent to the one home, while other homes got none.

To avoid these difficulties the fields of activity of the various visiting nurse organizations, such as the Victorian and St. Elizabeth Orders, Nursing at Home Mission, Church of England Deaconess Nurses, etc., and the Public Health Nurses, were definitely outlined. With the exception of the Public Health Nurses, these organizations are concerned chiefly with maternity cases, most of which are arranged for in advance. Moreover, this work increases during an epidemic because of the miscarriages brought on by the disease, so that these organizations have little margin to care for other types of epidemic cases. It was agreed that they should handle all cases where childbirth is involved, and any others that they found possible, in every case communicating with the district office of the Public Health Nurses before accepting a new call. The Public Health Nurses assumed the bulk of the emergency influenza nursing, and the function of providing a clearing house for the proper allocation of help and the prevention of duplicate visiting. Files were established in the seven district offices showing which organization had undertaken the care of each case, and a night service was inaugurated.

Arrangements were made that calls for help in the homes of the public at large should be received only by these district offices. The Red Cross registration bureau for emergency volunteers agreed to send workers into homes only on requisition from the public health nurses or from one of the other visiting nurse organizations, these organizations undertaking to supervise the work of the volunteers. Outline maps of the city showing the Public Health Nursing district boundaries were published in the press, with the necessary instructions with reference to securing help in urgent cases. Similar maps have been multigraphed on small cards and distributed broadcast to churches, charitable organizations, etc., and mailed to all persons reported ill with influenza under the Public Health Act. Maps showing the private telephone numbers of the district offices were distributed to the hospitals, nursing organizations, Red Cross registry, Neighborhood Workers' Association Relief Centres, and other organizations expected to send numerous calls.

Material Relief

At the request of this Department the Neighborhood Workers' Association, which gave such excellent service in the last epidemic, undertook to organize the material relief to influenza sufferers. This organization is an association of practically all the agencies for relief work in home in Toronto. It numbers in its membership about 200 agencies of various kinds. For the purpose of the epidemic it has been able to enlist the active co-operation of a considerable number of organizations that normally would not be engaged in neighborhood work. With the aid of a special grant from the Federation for Community Service and the co-operation of various organizations, the Neighborhood Workers' Association has opened five centres for the distribution of liquid foods and emergency supplies of various kinds, and a production centre has been established at the Technical School. It is prepared to open twenty-five stations if required. The whole work is efficiently co-ordinated in the Church Street office of the association. The co-operation with the Public Health Nurses is most satisfactory, practically all of the requisitions for supplies coming from the district nursing centres.

Hospital Service

At the beginning of the epidemic the hospitals of the city were practically full, only about 75 beds being available for influenza cases. The physicians of the city were urged to economize in hospital facilities by sending in only the most urgent cases. At the same time it was obvious that emergency accommodation must be provided for those cases that could not be satisfactorily looked after at home.

The only reasonably suitable building available was the old General Hospital on Gerrard Street, which was about to be vacated by the military.

Through the co-operation of the Toronto General Hospital Board and the military authorities, arrangements were made to take over this building for hospital purposes as soon as the soldiers could be removed. The Burnside wing was available immediately, but on account of badly frozen water pipes, some little delay was experienced in getting it ready for the reception of patients. It was opened on February 5th. The remainder of the hospital is not yet vacated.

The chief problem was that of staffing the hospital. At the request of this Department the Hospital Association undertook to staff and operate this hospital for the city under the general supervision of our Division of Medical Service, as an extension of the public hospitals of Toronto. The Hospital Association consists of the superintendent and superintendent of nurses of each of the public hospitals in the city. A sub-committee consisting of the nursing superintendents was commissioned to apportion the available nursing and housekeeping staffs among the various hospitals in order that each worker might be used where most urgently needed. A nucleus for the staff of the emergency hospital was selected from the various other hospitals, which was supple-

mented by recruits from the registry and other sources. The Department of Health retains general supervision and control of admission in order to insure that only the most urgent cases are admitted, and to eliminate any possibility of overcrowding, which would be disastrous in such a building.

Children's Hostel

One of the unfilled needs of the last influenza epidemic was an institution in which the Public Health Nurses could place children who had been exposed to infection, and who had no one able to care for them. The ordinary children's home dare not expose its inmates to the risk of contact with these children. At our suggestion, the hostel formerly conducted by the Women's Patriotic League at Church and Carlton Streets was made available by Mrs. H. D. Warren for this purpose, the Department providing the necessary additional supplies and staff. The Hospital for Sick Children co-operated by loaning bedding for the children's cots. The necessary medical supervision was provided by the Department of Health.

* * * *

Miss Jessie L. Ross, for eight years engaged in public health work, first in tuberculosis, later in child welfare and general public health organization in Pennsylvania, and at the time of her appointment president of the Public Health Nursing Association of Pennsylvania, has been appointed chief nurse of the Massachusetts-Halifax Health Commission, Halifax, Nova Scotia. She will reside in Health Centre No. 1, being conducted in old Admiralty House, and, in addition to directing the public health work from this centre, will give lectures on public health and tuberculosis nursing in the course for public health nurses, organized under the auspices of the Red Cross Society of Nova Scotia and Dalhousie University.

It is expected that the University of Toronto will announce its plans for a new Department of Public Health Nursing to open in Oct., 1920.

Five scholarships for this course have been granted by the trustees of the Toronto General Hospital and one by the Alumnae Association of that school. The new Department has been made possible by the Ontario Branch of the Canadian Red Cross Society, which will also grant ten substantial scholarships to nurses eligible for membership in the Graduate Nurses' Association of Ontario. Applications for scholarships should be addressed to the Registrar of the University of Toronto.

Two emergency courses of training have been provided to meet the immediate needs of the Province. The Provincial Department of Education is enrolling over fifty nurses, already engaged in school work, for a two weeks' intensive course. The Provincial Department of Health is providing a three months' course for seven nurses recently appointed to do child welfare and other public health work throughout the Province. In all this work of the public departments, the Ontario Branche of the Red Cross Society and the Graduate Nurses' Association of Ontario are prepared to give their whole-hearted support.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The following is a report which was submitted by the president of the Canadian Association of Nursing Education at a meeting of the Red Cross Advisory and Consultive Committee on May 12th and 13th at the headquarters of the Canadian Red Cross Society, 410 Sherbourne Street. At this meeting there were representatives of different organizations from every province in the Dominion of Canada.

Mr. Chairman, Ladies and Gentlemen:—

The Canadian Association of Nursing Education, which I have the honor to represent, has for its objects the advancement of the educational standards of nursing and the development and maintenance of the highest ideals of the nursing profession.

The health and welfare of the nation is dependent largely upon the supply of trained and efficient nurses. From authoritative information presented here to-day from all the provinces of the Dominion, it is shown that there is an increasing demand for nurses who are qualified to undertake public health work. Where are these nurses to come from?

Before the last annual meeting of our association we submitted to the hospitals throughout Canada a questionaire. From this we found that in every province there was a shortage of both graduates and probationers.

The chief reasons for the existing shortage are:

1. Opportunities in banks and other branches of business which require shorter hours.

2. Unattractive work as regards hours, length of time in training, and lack of remuneration.

3. Not large enough percentage of girls taking high school training. Hospitals have grown unproportionately to the supply of suitable candidates.

4. Unattractive living conditions.

The very existence of our training schools is being threatened by this shortage of applicants. To remedy this, we must have:

1. Adequate financial support.

2. Shorter hours (consequently more students).

3. Better housing conditions.

4. The course of training for the students must be reconstructed so as to allow more time in the third year in executive training for administrative duties and for public health work.

5. The small training schools which have not the facilities for giving this additional training in the third year should be affiliated with the larger schools which have them.

The assistance which the Red Cross, with its splendid organization, can render is:

1. Bringing the profession of nursing before the public and high school pupils, so as to insure a sufficient number of candidates with suitable educational requirements. This must be brought prominently to the attention of such pupils by means of scholarships.

2. By providing a nurse specially qualified to present the advantages of the nursing profession to young women through the avenues of the ladies' colleges, Y. W. C. A., young people's societies, business women's clubs, and other women's organizations.

The general public should know more of the nurses' activities. Every Red Cross member can assist and be a missionary in spreading the gospel of nursing and interesting young women in the work and educating the public up to the need and requirements.

ELIZABETH G. FLAWS,
President Canadian Association of Nursing Education.

The Nurse's Library

Practical Dietetics. A. F. Pattee, 13th Edition, 12mo., cloth, 543 pages. Price, $2.25 net, postpaid. Supplement of State Board Requirements and Examination Questions in Dietetics given complimentary with each copy of Practical Dietetics. With Pattee's Hand-Bag Diet Book, $2.85, postpaid. A. F. Pattee, Publisher, 134 S. 1st Avenue, Mount Vernon, N. Y.

The 13th edition of Miss A. F. Pattee's *Practical Dietetics* shows plainly the value placed on it by the schools of nursing. It has been revised to incorporate the latest results of dietetic research and latest diet lists of leading physicians and hospitals. The physiology of nutrition is clearly expressed and is most helpful, as is also the caloric values accompanying the recipes. The latest diets, such as those of Dr. Frederic Allen, Dr. Joslin's diabetic diet, Dr. Warren Coleman's typhoid diet, etc., etc., have been added to this edition. It had been adopted in many schools and by the permanent schools of instruction for the Canadian Militia.

Primary Studies for Nurses: A text-book for first year pupil nurses. By Charlotte A. Aikens, formerly Director of Sibley Memorial Hospital, Washington, D.C.; formerly Superintendent of Columbia Hospital, Pittsburg, and of Iowa Methodist Hospital, Des Moines. Fourth Edition, thoroughly revised. 12mo. of 528 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1919. Cloth, $2.25.

The fourth edition of this most useful book is published, containing, in addition to the subjects taken up in the preceding edition, a section on Elementary Chemistry, a most important feature. In the section on Hygiene a few pages devoted to Plumbing have been added, and to the section on Therapeutics and Materia Medica a Table of Poisons and Antidotes has been appended. This book solves many of the problems of the teacher or busy superintendent in the smaller schools who has not time herself to cut and prune at the material supplied in the text-books for her nurses, and who can in this get the essentials of the primary subjects, and, at the end of the first year, if her students have a real knowledge of the matter contained in these sections, she will have cause for gratitude to Miss Aikens, who has so ably condensed the larger books.

Manual of Nursing Procedure. Amy E. Pope. Published by G. P. Putnam's Sons, 2 West 45th Street, New York, N.Y. Price, $2.40.

This book has been prepared especially for the Junior Year's instruction in teaching of nursing methods by demonstrations. The author has planned the work in a two-fold way, first in the preparation for the class by the students who will read the descriptions of the demonstration and relative matter, and then plans for the class itself where the demonstration is carried out by the instructor, and repeated by the pupil. In addition to descriptions of demonstrations, directions are given for treatments which cannot generally be shown in class with the precautions which, though most essential, cannot be carried out in class. A most thorough, carefully prepared book, which must help the demonstrator, even if the methods are not quite the same as she is accustomed to use.

ECCE HOMO!

Give us a virile Christ for these rough days!
You painters, sculptors, show the warrior bold;
And you who turn mere words to gleaming gold,
Too long your lips have sounded in the praise
Of patience and humility. Our ways
Have parted from the quietude of old;
We need a man of strength with us to hold
The very breach of Death without amaze.
Did He not scourge from temple courts the thieves?
And make the arch-fiend's self again to fall?
And blast the fig-tree that was only leaves?
And still the raging tumult of the sea?
Did He not bear the greatest pain of all,
Silent, upon a cross on Calvary?

—REX BOUNDY, IN THE SUNDAY TIMES.

Hospitals and Nurses

NEW BRUNSWICK

Miss Agnes Sutherland, A. R. R. C., has returned to the city to take up again her work as nurse at the anti-tuberculosis dispensary after an absence of exactly four years, during which she rendered most distinguished service as an army nurse. Miss Sutherland was mentioned in Sir Douglas Haig's despatches for conspicuous bravery when on duty at No. 3 Canadian Stationary Hospital at Doullens, when it was bombed by the Germans and half of it demolished by fire. She was awarded the Associate Royal Red Cross decoration in the birthday honors list of June 3rd, 1919, and received the decoration at the hands of the King on June 26th.

Friends of Miss Winifred McDonald, of West St. John, who graduated from Providence, R. I., Hospital, will be pleased to hear that she has accepted the position of night superintendent of the Citizen's Hospital in Cleveland, Ohio.

Miss Marjorie Matchett, graduate of G. P. H. (1920), is doing private nursing in Montreal.

Miss S. McMullin has accepted a position at the County Hospital, East St. John.

Miss Z. Sweeney has accepted a position in hospital, Portland, Maine.

At a meeting of the executive of the local chapter of the N. B. A. G. N., St. John, it was decided to send Miss Alberta Burns as a delegate to the C. N. A. T. N.

Miss Evelyn Cameron, graduate of the G. P. H. (1920), has accepted a position in a hospital in Pontiac, Mich.

Miss E. C. Duthie, who has finished a post-graduate course at Corey Hill Hospital, is spending a few weeks in St. John, en route to her home in New Glasgow, N. S.

Mr. and Mrs. Goddard (Maude Cameron, 1913) have gone to Calgary, Alberta, where they intend to make their home.

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ONTARIO

Ottawa

The graduating exercises of the 1920 class of the Ottawa General Hospital were held in the Convocation Hall of the Sacred Heart Convent, when twenty-five nurses received their pins and diplomas. The following graduated: Rev. Sister Martha of Jesus, Misses Lucy Andrews, Alice Beauchamp, Teresa Bruder, Mary Burns, Anna Caterdal, Helena Costello, Murielle Cote, Bertha Coupal, Mary Creilly, Yvonne D'Aigle, Yvonne Fortier, Agnes Gleason, Cecile Landrian, Claudia Landry, Kathleen Madden, Constance McDonald, Ensilia McKennery, Anna Moffet, Mary Murphy, Florence Resius, Minnie O'Hara, Rose Senecal, Alice Sheedy, Helen Spielmacher. This was the largest class cince the organization of the training school. Dr. R. Chevrier, chairman of the board, presided, and, after a musical number, an excellent address was given the class by Dr. S. W. Nagle, a member of the medical staff. The diplomas were presented by Mrs. Hesser, president of the Ladies' Auxiliary of the hospital, and the medals pinned on by Miss Brankin, president of the Alumnae.

Special prizes were as follows: Nurses' kit (presented by the Alumnae Association for highest percentage in class work) won by Miss Costello; for excellence in class work, presented by the Sister Superior, Miss Cote; gold medals presented by Dr. J. L. Chabot for surgical nursing, Miss Murphy and Costello; gold medal for obstetric nursing, presented by Dr. Lamy, won by Miss Moffat. Miss Cote obtained the prize given by Dr. Chevrier for gynecological nursing, while Miss B. Coupal won the prize given by Dr. Lamy for materia medica. Rev. Father Legare donated a general class prize, which was obtained by Miss Bruder.

A splendid address was then given by Rev. Father Brousseau, and the valedictory read by Miss Mary Murphy. Flowers were then presented to Sister Ste. Constance, the superintendent of nurses, and to Sister Mary Auxiliatrice, the retiring Sister Superior.

The staff of the Ottawa General Hospital entertained the graduating class of 1920 to a dinner at the Ottawa Hunt Club, and the intermediate class were hostesses to the same class at a delightful tea, May 27th.

Sisters Mary Martha and Aldegonde, two of the head nurses of the O. G. H., attended the convention of the Catholic Hospital Association at St. Paul the last week of June.

Nursing activities in Ottawa have been unusually brisk during the last year; meetings of the various organizations were held regularly, and comparatively well attended; many programmes of interest were arranged.

The Ottawa Chapter was entertained at the Lady Stanley Institute by the L. S. I. Alumnae and St. Luke's Alumnae, jointly. A musical programme was provided by the student nurses, and an unusually interesting address given by Gen. Ross on "Canadian Medical Service Overseas." Refreshments were served.

The four organizations—Lady Stanley Institute, St. Luke's and Ottawa General Hospital Alumnae Associations, and the Florence Nightingale Association—each gave a dance and bridge party, which added materially to the "cash on hand" of the treasurers' reports.

The Ottawa Chapter celebrated the centennial of Florence Nightingale by a concert in the Chateau Laurier, when a very interesting address was given by the Rev. R. B. Whyte on the life of Florence Nightingale. Pleasing instrumental and vocal selections were rendered.

The Ottawa Chapter assisted the G. W. V. A. in holding a gala day on the 24th of May at Lansdowne Park. The Chapter conducted the tea-room. Mrs. J. W. Anderson, the president of the Chapter, organized the collection of supplies most systematically, so that what at first seemed a colossal undertaking was simplified to a minimum. The Ottawa General Hospital Alumnae Association supplied the cakes; the Lady Stanley Alumnae supplied the sandwiches; St. Luke's Alumnae supplied the milk, cream and ices; and the Nightingale Association supplied the tea, coffee and sugar.

The Lady Stanley Institute graduating exercises were held on the 4th day of June. Dr. Amyot, the newly appointed Deputy Minister of Health for Canada, was the chief speaker. Miss Freida Pauli, of Milverton, Ontario, was the chief prize-winner, obtaining an average of 91 per cent. on all subjects included in the three years' course. For this she received a prize for excellence, consisting of a nurse's kit, presented by the chairman of the House Committee, Mr. D. Hossack; a prize for highest marks in surgery, $10.00 in gold, presented by Dr. R. E. Webster; a fountain pen, presented by the lady superintendent, Miss Catton.

Miss Mabel Stewart, of Ottawa, received a prize for highest marks in medicine, $10.00 in gold, presented by Dr. Stewart Evans; Miss Geraldine Wood, of Toledo, Ont., received a prize, $10.00 in gold, for second highest marks in surgery, presented by Dr. G. M. Geldert, special anaesthetist; Miss Nora Gillespie received a prize, $10.00 in gold, for proficiency, presented by the medical superintendent, Dr. D. McD. Robertson.

A very enjoyable dance was held in the evening at the Lady Stanley Institute. A dance platform was arranged on the lawn. The evening was cool and clear, and all expressed the occasion to be the most enjoyable and most successful of all. Orchestra music was supplied for both afternoon and evening.

Miss Gertrude Garvin, graduate of the Boston City Hospital, has been appointed to fill the position of superintendent of the Ottawa Isolation Hospital, made vacant by the resignation of Miss O'Connor, who has filled the position for many years. We hope that Miss O'Connor may enjoy a profitable rest, and regain physical vigor, to enable her to resume nursing under happy conditions in the near future. The well-wishes of many friends, especially amongst the nursing profession, are extended to Miss O'Connor, who has always given out kindness in large measure to all.

Within the last six months seven recent graduates of the Lady Stanley Institute have married, namely: Miss Norma Dawson, Miss

Marguerite Clement, Miss Margaret Stewart, Miss Glendine Clement, Miss Elsie McKinnon, Miss Blanche Kirkpatrick and Miss Lillian McVey.

The convention of the Ontario Graduate Nurses' Association, held in Ottawa in April, was an event of interest to local nurses particularly, being the first of its kind held in Ottawa since about twelve years ago, when the superintendents of Training Schools Association met in convention here.

Ottawa nurses are looking forward to the time when the C. N. A. and Canadian Association of Nursing Education will meet here in convention.

Miss Catton entertained nineteen members of the Arrangements Committee for the convention to tea at the Y. W. C. A. May 4th.

Toronto

At the annual meeting of the Toronto General Hospital Alumnae, held June 3rd, it was the unanimous wish of the members that the Alumnae offer a scholarship, valued at three hundred and fifty dollars ($350.00) per annum, to a graduate of the Alma Mater taking the new Social Service Public Health course being arranged for by the University of Toronto. The board of trustees of the hospital having already given five scholarships, the Alumnae decided that their first gift should go to one of the class 1920; and Miss Annie J. Marshall was elected to receive the scholarship, which carries the very best wishes of the Alumnae.

Miss Florence Glazier, class 1917, who for the past two years has been night supervisor of the private patients' pavilion, T. G. H., has resigned her position, and is succeeded by Miss Fidler, 1919. Miss Glazier, who is at present at home in Hamilton, leaves shortly for a trip to the British Isles.

The Toronto General Hospital Alumnae Association entertained the graduating class of 1920 at a dance given in the Nurses' Residence. The Alumnae dance, which has become an annual affair, is each year voted the "best ever," but the dance of 1920 was surely ahead of all others. The dancing was in the large dining and reception rooms, to the strains of a large orchestra, whilst supper was served in a marquee on the lawn. The moon being full that evening, it was truly a magnificent sight, and one not soon to be forgotten by the class.

Miss A. G. Crighton, for some time first assistant in the Private Patients' Pavilion operating room of the Toronto General Hospital, has resigned, to accept the post of night supervisor of the North Bay, Ont., General Hospital.

Miss Margaret H. Pelton (T. G. H., class 1920), the winner of the Dr. Herbert A. Bruce scholarship for operating-room technique, has been appointed first assistant in the Private Patients' Pavilion O. R., Toronto General Hospital.

The graduating exercises of the 1920 class of St. John's Hospital, under the Sisters of St. John the Divine, took place in the hospital chapel Wednesday, May 26th, at 4 o'clock p.m. The Right Rev. Bishop Reeve, Assistant Bishop of Toronto, presented the diplomas and gave a short but impressive address to the graduating nurses, while Rev. Prof. Morris, Chaplain, took charge of the service. Afterwards a reception was held on the hospital lawn. The six graduating nurses were: Miss Lucy Coster, Nova Scotia; Miss Queenie Turpin, Cobourg, Ont.; Miss Nancy Thorpe, Hamilton, Ont.; Miss Gertrude Wright, Toronto; Miss Gladys Sugby, Toronto; Miss Anne Lindsay, London, England.

The graduation exercises of the Nicholls Hospital, Peterborough, took place May 11th, 1920, when the following nurses received their diplomas: Misses G. M. Drake, D. E. Thompson, O. Waterman, G. E. Gulliner, V. Baker, R. D. Fraser, H. M. Anderson, R. P. Gray, M. R. Reid, B. H. Chalmers. The Alumnae Association of the Training School presented a tablet bearing the names of those graduates who had served overseas. The president, Miss Dixon, gave a short, impressive address, and Mrs. Holloway unveiled the tablet. This was accepted by Mr. Crane on behalf of the board of trustees of the hospital.

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MANITOBA

The Winnipeg General Hospital A. A. entertained at a banquet and musicale at the new grill-room of the Royal Alexandra Hotel the 1920 graduating class of the W. G. H. on Monday, April 26th. After an excellent musical programme the guests enjoyed an informal dance. On this occasion Miss C. Finlay (W. G. H,. 1913) was presented with a surgical bag on the eve of her departure for India as a medical missionary.

In March a public health nurse of the Manitoba Provincial Board of Health was appointed to do work in connection with the Venereal Disease Clinic of the Winnipeg General Hospital in conjunction with the Social Service Department.

The Venereal Disease Clinic of the Provincial Board of Health is also attended by a nurse from the department.

During Easter week the offices of the Public Health Nurses' Department were moved to the new Parliament Buildings.

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ALBERTA

A large audience gathered at Convocation Hall, Alberta University, May 18th, to attend the graduating exercises of the 1920 class of the Royal Alexandra Hospital. A short musical programme preceded the presentation of diplomas and hospital pins. The chairman of the Edmonton Hospital Board, John A. McDougall, presided, and presented the diplomas and pins to the following: Miss Maude Lawrie, Miss Ruth Long, Miss Eva J. Grimby, Miss Evangeline M. Clutton, Miss Ellen Evelyn Marsh, Miss Mary Fleming, Miss Alice Flora McDonald, Miss M. Mansbridge, Miss Florence Pritchard, Miss Kathleen M. Edwards, Miss Edna Vera Stevenson, Miss Ina Ansley Day.

The Rt. Rev. Bishop Gray gave the invocation, followed by addresses by Mr. J. A. McDougall, Mayor Clarke and Dr. Park. Rev. Dr. McQueen administered the Nightingale pledge. The address of Miss Frances MacMillan, superintendent of nurses, was most interesting, and showed great progress in the school. The Women's Aid of the hospital presented a small case of instruments to each graduate.

In the absence of His Honor Lieut.-Governor Brett, who is absent from the city, the Mayor was called upon to present the prizes.

The prizes were as follows:

Gold medal for general proficiency, $25 in gold, awarded by the Edmonton Hospital Board to Miss Margaret Mansbridge.

Silver medal for second in general proficiency, awarded by the Edmonton Hospital Board to Miss Kathleen Edwards.

Prizes for first in practical work and deportment, awarded by Jno. A. McDougall, Esq., chairman of the Edmonton Hospital Board, to Miss Kathleen Edwards.

Prize for obstetrics, awarded by H. H. Cooper, Esq., director of the Edmonton Hospital Board, to Miss Florence Pritchard.

Prize for children's diseases, awarded by Dr. Holmes to Miss Eva Grimby.

Prize for medicine, awarded by the superintendent, Dr. Jas. C. Fyshe, to Miss Margaret Mansbridge.

Prize for surgery, awarded by Dr. Edger Allin to Miss Florence Prichard.

Prize for household economy, awarded by the Women's Hospital Aid to Miss Edna Stevenson.

On Sunday, May 2nd, 1920, the Baccalaureate sermon was delivered by the Rev. H. H. Bingham to the graduating class of the Calgary General Hospital in the First Baptist Church.

This was followed on May 6th by the graduating exercises, which were held in the Al Azhar Temple. Dr. H. A. Tory, president of the University of Alberta, addressed the graduating class, and diplomas were presented to the following nurses by Dr. G. A. Anderson, president Alberta Medical Association:

A. B. Price, B. L. Robinson, E. J. Husband, F. A. Vlerihue, N. H. Watson, C. Stauffer, A. I. Hoy, M. V. Allison, M. H. Moore, B. E. Dale, M. C. Ferschweiler, M. M. Harper, M. Milburn, D. R. Adams,

A. S. Gunn, C. A. Madden, V. M. Rumohr, M. Spence, J. A. Shenfield, A. Beggs, L. Curtis, M. G. Murray, A. J. Robertson, V. E. Lees, B. Woolrich, S. C. MacRae, P. I. Farnan, M. A. Mackay, C. McL. Muirhead, M. I. Muirhead, B. M. Lissiman, E. L. Brown, M. V. Cumberland.

The gold and silver medals which were awarded for general proficiency were won by Miss Cumberland and Miss Milburn, and the two hundred dollar scholarship by Miss C. Muirhead.

Dr. Rosamond Leacock led the nurses when taking the Nightingale pledge.

The exercises were followed by a reception and dance.

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BRITISH COLUMBIA

The Victoria Graduate Nurses' Association marked the centenary of Florence Nightingale by holding a linen shower to supplement the furnishings of the association's ward at the Royal Jubilee Hospital. The donations of visitors at the tea, together with many generous donations of money (including one from the Women's Canadian Club of $25.00), will assist materially in furnishing and maintaining in linen the ward they have given as a memorial to the late Nursing Sisters, Christina Campbell, Jessie King, Gladys Wake and Mabel McDiarmid, four Victoria nurses, who made the supreme sacrifice during the late war. A pleasing feature in the proceedings was the presentation, on behalf of the association, of a wrist watch to Mrs. A. M. Gregg, who is retiring from the office of treasurer after four years' active service. This gift was acknowledged with a few appropriate words. The tea table was decorated with spring flowers, and was a popular spot for the guests.

Vancouver

Vancouver was favored this past month with the conventions of the Canadian Medical Association, the Canadian Public Health Association, the Canadian Tuberculosis Association, the National Committees on Venereal Diseases and Mental Hygiene, as well as the B. C. Hospital Association, which held its third meeting June 23-26 in the King Edward High School with the other associations mentioned above. Several sessions were in combination with one or other of these national associations. It was well attended and the papers of great value.

PROGRAMME

MORNING SESSION

(a) "Nursing Standards." Miss Helen Randal, R. N., Vancouver, B. C.

(b) "The University in Relation to Nursing Education." Miss Ethel I. Johns, R. N., Vancouver, B. C.

(c) "Health Education in Rural Schools." Miss Jean Brown, Regina, Sask.

(d) "The Role of Voluntary Societies in Public Health Nursing Service." Mr. John Ridington, Vancouver, B. C.

(e) "The Co-ordination of State and Private Enterprises in Public Health Nursing." Dr. W. H. Hattie, Halifax, N. S.

Part I.

Miss Jessie F. MacKenzie, R.N., Victoria, B.C., presiding

"Report of a survey of Training Schools in British Columbia." Miss Helen Randal, R. N., Vancouver, B. C.

"The Shortage of Applicants for Training—The Causes and Suggested Remedies." Miss M. P. MacMillan, R. N., Kamloops, B. C.

Part II.

Round-Table Conference. Conducted by Miss Ethel Johns, R. N., Vancouver, B. C.

"Nursing Service in Hospitals of Twenty-five Beds and Under."

(a) "Nursing by Graduates Only or by Nurses-in-Training."

(b) "If by Pupil Nurses, How Can Their Training Be Broadened?"
By Affiliation.
By Travelling Instructors.
By Specially Planned Curriculum.

(c) "Could Ward Assistants Be Utilized in Small Hospitals, and, if so, What Work Could Be Given Them?"

Special Exhibit Demonstration by the Exhibitors.
"Get Together" Round Table Conference.
Question Drawer and Informal Reception.

MEDICAL SESSION

Part I.

Dr. H. C. Wrinch, Hazelton, B. C., presiding

"Survey Report of Hospitals in British Columbia." Dr. E. C. Arthur, Victoria, B. C.

"Survey Report of Hospital Standardization in British Columbia." Dr. T. R. Ponton, B. A., Vancouver, B. C.

"Hospital Dietetics in Relation to the Scientific Treatment of Disease." Dr. J. M. Pearson, Vancouver, B. C.

"Organization and Management of Hospitals and Service to be Expected in:

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PART II.

Round Table Conference. Conducted by Dr. H. C. Wrinch, Hazelton, B. C.

"Medical Service in Hospitals of Five to One Hundred Beds."

(a) "The Clinical Laboratory, Its Equipment and Operation."
(b) "The X-Ray Laboratory, Its Equipment and Operation."
(c) Medical Case Records, Importance and How Acquired.
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Special Exhibit Demonstration by the Exhibitors.

Joint Session with the Canadian Committee on Mental Hygiene.

Moving Pictures and Lantern Slides, depicting phases of Mental Hygiene Activities. By Mrs. C. M. Hinks and C. K. Clarke, Toronto, Ont.

"National Work of the Canadian Committee on Mental Hygiene." Dr. C. K. Russell, Montreal, Que.

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BUSINESS SESSION

PART I.

Mr. R. S. Day, Victoria, B. C., Presiding

"Hospital Planning." Mr. A. A. Cox, Vancouver, B. C.

"Standardization of Hospital Accounting." Mr. R. W. Hunter, Vancouver, B. C.

"Purchasing of Supplies, Contract versus Open Market." Mr. R. B. Leders, Vancouver, B. C.

PART II.

Round Table Conference—"Hospital Training"—Conducted by Mr. Charles Graham, Cumberland, B. C.

(a) Financing Problems of Hospitals To-day—
(b) Sources of Revenue and Expenditure
(c) Uniformity of Hospital Charges:
Ward Fees;
Special Charges or Extras;
Contract Charges.

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PART I.

Report of Western Canada Conference. Dr. M. T. MacEachern, Vancouver, B. C.

PART II.

Round Table Conference and Question Drawer. Conducted by Mr. Charles Graham, Cumberland, B. C.

Some Hospitals Problems of To-day.
(a) "The Care of the Incurable."
(b) "The Care of the Infectious."
(c) Visitors and the Hospital, and Effect on Condition of Patients.

Miss James, graduate of the Vancouver General Hospital, has accepted a position in the hospital at Summerland, B. C.

* * * *

CHINA

A long-looked-for day came around at last. It was the day of the opening of the woman's wing of the Tzeliutsing Hospital. Great was the joy in the hearts of the "foreign community" when they heard that Dr. W. Crawford had planned on having the opening on March 11th, 12th and 13th. Everyone turned in to do his or her part to make the opening a success. The ladies baked cakes, cookies, etc., for several days, so that there would be plenty to feed several hundred guests. It takes considerable to serve a crowd of Chinese. Each guest likes a lot; and what they cannot eat they carry away with them.

The first day, March 11th, was set apart for the entertainment of the wives of the gentry. The guests began to arrive shortly after ten. They were received at the door and escorted to the chapel. When the guests had all arrived, a service was held. After a hymn, prayer, and Scripture reading, Miss Jack, as chairman, in a few well-chosen words explained why we were gathered together, and then called on the ladies, both Chinese and foreign, to address the gathering. Mrs. Jolliffe gave the address of welcome. This was followed by an address by Mrs. Chang, of Junghsien, in which she witnessed to the powers of the Gospel of Christ. Mrs. Tzen, our Bible woman, in her address, emphasized the necessity of going to the doctor before it was too late, and told of what had been done for her through medical treatment: how first she had been cured of the opium habit, and later had been operated on for cancer; and that she was a well woman to-day because some people, with the love of God in their hearts, had made it possible to establish medical work in Tzeliutsing.

Mrs. Batdorf told of the need of trusting the doctor and what had been done just lately in the hospital. She illustrated by having two patients come in. One a woman who had been operated on for eye trouble. How happy this woman was as she told of what had been done for her! The other was a lad who was brought to the hospital with a tubercular leg. When he entered the hospital he was unable to walk; his leg was flexed on his body. Now he is able to go around with crutches, and it will not be very long before he will be able to do without the crutches. If he had not come to the hospital, it is probable that he would have been dead in a very few weeks. The Chinese need these illustrations to make them realize the need of medical science.

After the service tea was served, and then the guests were invited to inspect the hospital. It was a new building, and therefore they were interested; but just how much they understood the why and wherefore of all they saw, it is hard to say.

Friday, March 12th, was men's day, when only men guests were entertained. The foreign gentlemen looked after the guests and programme.

Saturday, March 13th, was the real opening service. A dedication service was held in the morning, to which were invited the church people, the boys' and girls' boarding schools and the woman's school. The service was held in one of the public wards. The hospital evangelist and church evangelist gave short addresses; the former taking as his subject the Dedication of the Temple; and the latter, during his address, exhorted the people to stand by the hospital, and said he hoped that as people came to the hospital that they would be influenced to give up foot binding.

Tea and cake were also served, and then the hospital was thrown open for inspection. In the afternoon the public were invited to come and see the hospital.

We must not forget what is so dear to the hearts of the Chinese, and what, to them, crowns all doings—firecrackers. Saturday evening there was a display on the hospital lawn. It had been announced that it would take place, and that the hills around would make good places to see from; but not to the Chinese way of thinking—they want to be fairly on top of things. They do crowd around and get as near as ever they possibly can. It is a wonder sometimes there are not more accidents.

We hope that this hospital will mean much to the women and girls of this district; and as they come for treatment they will learn of Him who loves them and makes it possible to have places for healing.

BIRTHS

BURKHOLDER—At the Private Patients' Pavilion, T. G. H., May, 1920, to Mr. and Mrs. Burkholder, a son. Mrs. Burkholder was formerly Miss Anna L. Dunning (class 1915).

CAIRNS—At St. John, N. B., May 27th, 1920, to Mr. and Mrs. DeWitt Cairns, a daughter. Mrs. Cairns was Miss Irene Seamans (General Public Hospital, St. John, N. B., 1917).

FORD—At the Toronto General Hospital, on April 9th, 1920, to Mr. and Mrs. R. A. Ford, of 167 Hillingdon Avenue, Toronto, twins (boy and girl). Mrs. Ford was Miss Mary Griffiths (T. G. H., class 1915).

LIVINGSTONE—At the Private Patients' Pavilion, T. G. H., on Tuesday, June 8th, 1920, to Dr. and Mrs. G. C. Livingstone, 457 Dover Court Road, Toronto, a son. Mrs. Livingstone was Marion Brown (class 1916).

MACK—In Halifax, N. S., on March 20th, 1920, to Dr. and Mrs. Frank C. Mack, of 140 Garden Avenue, a daughter. Mrs. Mack was formerly Miss Muriel Sculthorpe (class 1914, T. G. H.).

MOOREHEAD—At the Private Patients' Pavilion, T.G.H., on May 21st, 1920, to Dr. and Mrs. Andrew S. Moorehead, a son. Mrs. Moorehead was Olive Umphrey (class 1916).

MARRIAGES

BROWN-DOLSON—At Mount Pleasant Presbyterian Church, Chingnacoucy, Ontario, on Tuesday, June 1st, 1920, Mr. Leroy Gorringer Brown, of Toronto, to Florence Hesseltine, daughter of Mr. and Mrs. Samuel Dolson. Miss Dolson—a graduate of Toronto General Hospital, class 1915—was probation instructress at T. G. H. until she enlisted with the 2nd A.I.M.N.S., and served overseas for nearly three years. At home September 1st, 1920, at 246 Garden Avenue, Toronto.

MUNDIE-TAYLOR—On June 2nd, at St. Andrew's Church, Westmount, by the Rev. W. J. Clark, D.D., Gladys Irene, daughter of the late Mr. E. G. Taylor and Mrs. William Roper, Montreal, to Doctor Gordon S. Mundie, son of the late Mr. James Mundie and Mrs. Mundie, Montreal. Miss Taylor was a graduate of the D. Ogden Mills Training School, affiliated with Bellevue, New York.

NORRIS-DONOVAN—At Vernon, in the chapel of All Saints' Church, by the Rev. E. P. Laycock, April 30th, 1920, Jean Mary, elder daughter of Mrs. E. Donovan, of Victoria, to Thomas Grantham Norris, of Victoria. Mrs. Norris is a graduate of the Royal Jubilee Hospital, Victoria, and both bride and groom saw service overseas.

RANDAL-GRIFFITHS—In Winnipeg, on May 8th, 1920, Ivy, daughter of Mr. and Mrs. Thomas Griffiths, graduate of the Winnipeg General Hospital, to Mr. Phillip Andrews Munson Randal.

SAMPSON-BRITTAIN—At St. John, N. B., June 2nd, 1920, Elizabeth Brittain, graduate of the General Public Hospital, St. John, class 1915, to Mr. William Sampson, Timmins, Ont.

WALKER-DE SHERBININ—On May 28th, 1920, by Rev. W. J. Smith, Ethel Vera, daughter of Professor Michael de Sherbinin, Chicago, Ill., to Harold Brock Walker, D.D.S., son of the late Rev. George Walker and Mrs. Walker, Summerhill Gardens, Toronto. Miss De Sherbinin was a member of class 1919, T. G. H.

DEATHS

WALKER—At the Private Patients' Pavilion, T. G. H., on Tuesday morning, June 8th, 1920, Hildreth H. M. Walker, dearly loved daughter of Mrs. Walker, of Fort William, Ont. Miss Walker was a member of the graduating class of 1920, and her death, coming just at the beginning of her career, is a terrible blow to all who knew and loved her.

IN MEMORIAM

On June 27th, 1920, the second anniversary of the sinking of the hospital ship "Llandovery Castle," a memorial service was held in Avenue Road Presbyterian Church by the graduate nurses of Toronto, when a very fine tablet was unveiled in memory of Nursing Sister Mary Agnes Mackenzie.

The tablet, which is of copper bronze on antique oak, is engraved as follows: "To the glory of God and in loving memory of Nursing Sister Mary Agnes Mackenzie, who, after three years' service, lost her life by the torpedoing of the hospital ship 'Llandovery Castle,' June 27th, 1918. 'Their names shall live for evermore.'"

This tablet is erected by the graduate nurses of Toronto. At the top, in the centre of the tablet, is the emblem of the C.A.M.C. The service, which was essentially a woman's service, was largely attended by the nurses of Toronto, and Miss Bessie MacMurchy, a sister of Dr. Helen MacMurchy and a graduate with several years' overseas service, unveiled the tablet. The Avenue Road Presbyterian Church was especially chosen by the nurses for their tablet, as Miss Mackenzie and her family have been members there for some years.

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Regular Meeting—First Friday in each month.

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Hon. President, Miss E. MacLean, Toronto Orthopedic Hospital; President, Mrs. A. W. McClennan, 436 Palmerston Boulevard, Toronto; Vice-President, Mrs. H. V. Maynard; Secretary-Treasurer and Press Representative, Mrs. W. J. Smithers, 71 Grenville Street, Toronto.

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Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

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Officers for Sick Benefit Fund: President, Miss M. Burke; Vice-President, Mrs. Hanlon; Secretary, Miss B. Bracy; Treasurer, Miss I. Forwell; Directors, Misses McQuillan, Burns, Spitzig, Holmes.

Regular Meeting—First Friday of each month.

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Committee—Miss Ainslie, Dominion Apmts.; Miss A. Egan, 807 King Street, East; Miss Barclay, 39 East Avenue, North; Miss Ashbaugh, 447 King Street, East; Miss Roadhouse, 522 King Street, East.

Meetings—Fourth Wednesday, 8 p.m., of every second month, beginning in January, but omitting July.

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"The Canadian Nurse" Representative—Miss M. Nally, 213 Cannon Street, East.

Representative on Central Registry—Miss M. Grant.

Entertainment Committee—Misses L. Furey, M. McClarty and M. La Hoff.

Executive Committee—Misses H. Fagan, E. Cahill, H. Carroll, N. Finn and F. Clarke.

Sick Visiting Committee—Misses H. Carroll and F. Clarke.

Regular Meeting—First Tuesday, 4 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss Golay, 142 Ellsworth Avenue; Vice-President, Miss McNeill, 82 Gloucester Street; Secretary, Miss Alice Kirk, Riverdale Hospital; Treasurer, Miss Frances Schoales, 3 Withrow Avenue. Executive Committee, Misses Jessie Naives and Elizabeth Miller; Conveners of Committees, Miss Love, Sick and Visiting; Miss Honey, Programme.

Representatives on Central Registry—Misses Goloy and Maude Thompson.

Representative on "Canadian Nurse"—Norine V. Schoales.

Regular Meeting—First Thursday every second month, 8 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

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Executive Committee—Miss M. Aitken, Miss O. Beatty, Miss Sadler, Miss M. E. Dunlop, Miss Newbigging.

Representatives to National Council of Women—Miss E. Taylor, Miss B. Aitken, Mrs. Newson.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Mrs. Reynolds, Miss Burnett.

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Programme Committee—Miss McCormack, Miss Nesbit, Mrs. Dunn, Mrs. Hallett.

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Executive Committee—Misses Cook, Malcolm, Bennett, Crane and Mills.

Representative to "Canadian Nurse"—Miss Myrtle Bennett, 71 Hincks Street.

Regular Meeting—Second Wednesday, 8 p.m.

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"Canadian Nurse" Representative—Mrs. A. C. Joseph, 499 Oxford Street.

Advisory Committee—Misses Mortimer, Cockburn and Barons.

Programme Committee—Mrs. Allison, Misses Shannon and Luckham.

Regular Monthly Meeting—First Tuesday, 8 p.m.

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Convener of Social and Programme Committee—Miss Squires, Toronto General Hospital.

Convener of Legislation Committee—Miss N. Moore, 205 John Street.

Representatives to Local Council of Women—The President, Miss Teeter; Miss Potts, Miss Gunn, Miss Mathieson, Miss Ellis.

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Convener of Social Committee—Miss Stella Gordon, 251 Stradbrooke Avenue.

Convener of Sick Visiting Committee—Miss Mary Dillion, 852 McDermott Ave.

Regular Monthly Meeting—Second Wednesday, 8 p.m.

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Regular Monthly Meeting—First Tuesday, 8 p.m.

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Convener of Sick Visiting Committee—Miss Mary Dillion, 852 McDermott Ave.

Regular Monthly Meeting—Second Wednesday, 8 p.m.

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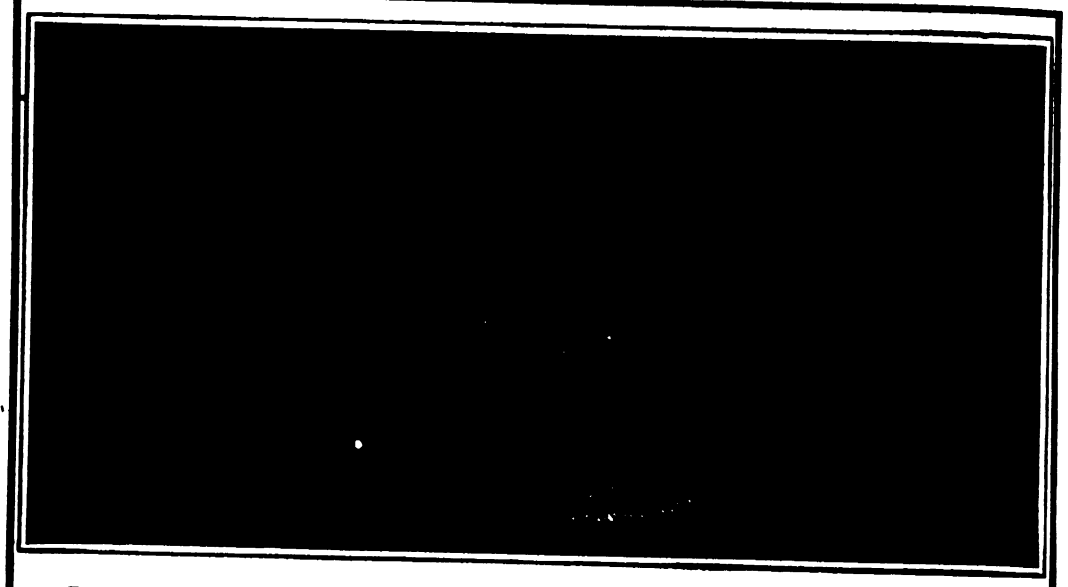

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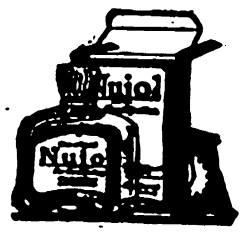

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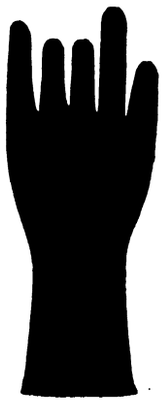

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